## **Table of Contents**

State/Territory Name: Hawaii

State Plan Amendment (SPA) #: 21-0017

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

## **DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services 601 E. 12th St., Room 355 Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

January 21, 2022

Judy Mohr Peterson, PhD Med-QUEST Division Administrator Office of the Director Department of Human Services PO Box 339 Honolulu, HI 96809-0339

Re: Hawaii State Plan Amendment (SPA) 21-0017

Dear Dr. Mohr Peterson:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0017. This amendment attests to the state's compliance with the third party liability requirements outlined in sections 1902(a)(25)(E) and 1902(a)(25)(F)(i) of the Social Security Act.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that Hawaii Medicaid SPA 21-0017 was approved on January 21, 2022, with an effective date of December 31, 2021.

If you have any questions, please contact Brian Zolynas at 415-744-3601 or via email at Brian.Zolynas@cms.hhs.gov

Sincerely,

Digitally signed by James G. Scott -S Date: 2022.01.21 14:39:05 -06'00'

James G. Scott, Director Division of Program Operations

cc: Jodeen Enesa, Med-QUEST Cori Kekina, Med-QUEST Edie Mayeshiro, Med-QUEST

CENTERS FOR MEDICARE & MEDICAID SERVICES						
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER  2 1 - 0 0 1 7 HI  3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT XIX XXI					
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE  December 31, 2021					
5. FEDERAL STATUTE/REGULATION CITATION  Bipartisan Budget Act (BBA) of 2018 (Pub L. 115-123) and Medicaid Investment and Accountability Act (MSIAA) of 2019 (Pub L. 116-16) affecting BBA of 2013.	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2022 \$ 0 b. FFY 2023 \$ 0					
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.22-B pg.3 Section 4.22 pg. 70	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Section 4.22 pg. 70					
9. SUBJECT OF AMENDMENT Third-Party Liability (TPL)-Allows for payment up to 100 days instead of 90 days for claims related to medical support enforcement.						
10. GOVERNOR'S REVIEW (Check One)  GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	OTHER, AS SPECIFIED:					
11. SIGNATURE OF STATE AGENCY OFFICIAL 15	5. RETURN TO					
St	ate of Hawaii					
<del></del>	epartment of Human Service:					
12. TYPED NAME	ffice of the Director					
Judy Monr Peterson, PhD P	O, Box 339					
40 TITLE	onolulu, Hawaii 96809-0339					
14. DATE SUBMITTED 12/30/2021						
FOR CMS US	E ONLY					
16. DATE RECEIVED December 30, 2021	DATE APPROVED January 21, 2022					
PLAN APPROVED - ONE COPY ATTACHED						
18. EFFECTIVE DATE OF APPROVED MATERIAL 19	P. SIGNA ROVING OFFICIAL Digitally signed by James G. Scott -S					
December 31, 2021	Digitally signed by James G. Scott -S Date: 2022.01.21 14:39:49 -06'00'					
	. TITLE OF APPROVING OFFICIAL					
James G. Scott	Director, Division of Program Operations					
22. REMARKS						

## State of Hawaii

## REQUIREMENTS FOR THIRD PARTY LIABLILITY- PAYMENT OF CLAIMS

(i) The Medicaid agency ensures compliance with the TPL requirements authorized under both the Bipartisan Budget Act (BBA) of 2018 (Pub. L. 115-123) and the Medicaid Services Investment and Accountability Act (MSIAA) of 2019 (Pub. L. 116-16 affecting the BBA of 2013.

Citation Requirements for Third Party liability Payment of Claims

42CFR433.139(b)(3)(ii)(C)

(1) The State will pay and chase third parties when services covered under the plan are furnished to an individual on whose behalf child support enforcement is being carried out by the State Title IV-D Agency.

For such claims, the State will only authorize payment under the following conditions:

- a. Up to 100 days have elapsed from the date of service.
- b. The provider billed the third-party.
- c. Documentation is attached verifying that a. and b. have been met.

The State will monitor the pay and chase system for such claims for improper billings made by providers and take appropriate corrective action.

42CFR433.139(b)(3)(ii)(B)

- (2) Providers who have billed a third party prior to billing Medicaid must certify on the Medicaid claim that a third party has been billed, that claim has been fully adjudicated by the third party, and that payment has not been received by Medicaid.
- Section 1902(a)(25)(E) 42CFR139(b)(3)(i)
- (3) The State shall make payments without regard to third party liability for

pediatric preventive services unless a determination related to cost-effectiveness and access to care that warrants cost avoidance for up to 90 days has been made.

Section 1902(a)(25)(E)

(4) The State shall use standard coordination of benefits cost avoidance when processing claims for prenatal services, including labor and delivery and postpartum care claims.

TN No.	21-0017	_	·		<u> </u>
Supersedes		Approval		Effective Date:	12/31/2021
		Date:	01/21/2022		
TN No.	NEW				

	State/Territory:	STATE OF HAWAII		
Citation			ATTACHMENT 4.19-B	
<u>Citation:</u>				
	4.22 (continued)			
42 CFR 433.151(a)		(c)	The Medicaid agency has written cooperative agreements for the enforcement of rights to and collection of third party benefits assigned to the State as a condition of eligibility for medical assistance with the following: (Check as appropriate.)	
			X State Title IV-D agency. The requirements of 42 CFR433.152(b) are met.	
			Other appropriate State agency(s)-	
			Court and law enforcement officials.	
1902(a)(60) of the Act		(d)	The Medicaid agency assures that the State has in effect the laws relating to medical child support under section 1908 of the Act	
1906 of the Act		(e)	The Medicaid agency specifies the guidelines used in determining the cost effectiveness of an employer-based group health plan by selecting one of the following:	
			The Secretary's method as provided in the State Medicaid Manual, Section 3910.	
			The State provides methods for determining cost effectiveness on Attachment 4.22-C.	
		*	The State of Hawaii has not elected either of the above options, per Section 4747 of the BBA of 1997	
1902(a)(25)			e State complies with third-party liability requirements reflected in current law."	

TN No. <u>21-0017</u> Supersedes TN No. <u>01-011</u>

Approval Date: 01/21/2022

Effective Date: <u>12/31/2021</u>